


A Systematic Review of Social Service Programs Serving Refugees

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Abstract

Purpose: The global forced migration crisis calls for responsive, research-supported social services. This systematic review examines available research on social service programs implemented with refugees worldwide. **Methods:** Through accessing academic databases, reviewing article reference lists and websites, and contacting experts, we identified 1,402 sources, 68 of which met review inclusion criteria and were selected for analysis. **Results:** Studies were conducted primarily in high-income countries ($n = 57$). Programs examined were related to general adaptation ($n = 13$), relationships ($n = 20$), financial and employment support ($n = 15$), or a specific area such as sport or gardening ($n = 20$). Few studies used pre-post ($n = 6$) or experimental designs ($n = 1$), and in a majority of studies, the theory underlying the intervention was not specified ($n = 41$). **Discussion:** Additional research is needed to better understand social service programming with refugees, particularly in understudied contexts.

Keywords

refugee, forced migration, social service, casework, systematic review

A variety of social services are provided to refugees while in countries of first asylum and after permanent resettlement. In recent years, unprecedented numbers of people have left their homes and countries due to persecution or fear of persecution. Neighboring countries most often provide relief and aid, although rarely granting full rights and protection or permanent resident status. Permanent resettlement to a third country has been a solution for a fraction of those who have been displaced, and many more have sought asylum and legal permanent residence, particularly in Europe. Within this context of the unprecedented and growing number of refugees worldwide, attention toward long-term, durable solutions are needed. As forced migrants seek solutions and relief, aiding countries respond with diverse policies and programs. Organizations including the United Nations High Commissioner for Refugees (UNHCR), government, nonprofit, and mutual assistance organizations provide services based on their mandates, needs identified, funding, and respective government policies.

The term “social services” as used in this article is broadly defined by both what it includes and what it excludes. Programs of interest included those that aid refugees in adjusting to their country of asylum or permanent residence, often centering on case management, providing direct assistance, or community building services. We sought to examine programs or interventions that promote refugees’ well-being but are not specifically focused on health or mental health. As social services often comprise a significant component of assistance for forced migrants, such service models need to be evaluated with attention to service outcomes, methods, and effectiveness.

Background

Before describing available research on social services, a further note on current resettlement and asylum realities worldwide is needed. Over 68 million people are currently displaced, including 25.4 million who have been designated by UNHCR as qualifying for refugee status (UNHCR, 2018a). The majority (85%) of displaced persons are being hosted in developing countries, with Turkey, Uganda, Pakistan, Lebanon, and Iran hosting the largest numbers of refugees in 2018 (UNHCR, 2018a). Opportunities for asylum and resettlement have decreased since 2016 as countries have acted to limit immigration (Connor & Krogstad, 2018; Kerwin, 2018; Konle-Seidl, 2018). In the European Union, asylum applications have dropped by nearly half from over 1.3 million in 2015 to 0.7 million in 2017 (UNHCR & Eurostat, 2018) and continue to decline in 2018 (Eurostat, 2018a). The United States has traditionally provided the largest number of yearly resettlement opportunities (UNHCR, 2018b), with over 84,000 people accessing resettlement in fiscal year (FY) 2016 and over 26,000 receiving asylum in FY2015 (Zong & Batalova, 2017). Recent U.S. executive orders have led to major

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reductions in this number, and it appears likely that 20,000 or fewer refugees will be accepted in FY2018 (Amos, 2018; Connor & Krogstad, 2018). Other countries providing the highest number of permanent resettlement opportunities to refugees include Canada, United Kingdom, Australia, and Sweden (UNHCR, 2018b).

Services for migrants vary based on locality. UNHCR is the primary organization coordinating emergency response services for refugee communities, providing core relief items and shelter, including food and sanitation services, to people in over 50 countries in 2017. The organization also implements health, violence prevention, and cash transfer programs (UNHCR, 2018c). In the primary destination countries of Germany, Austria, and Sweden, asylum seekers can receive governmental reception assistance including accommodation support. After receiving asylum, services in Germany include needs-based income assistance for job seekers (Konle-Seidl, 2018). In Sweden, 2-year individual integration plans center on language, civic integration, and job preparation, including financial support throughout (Konle-Seidl, 2018). In the United States, basic supports are provided to refugees and those granted asylum for the first 8 months following arrival, after which some additional programs are available (U.S. Department of Health & Human Services, 2016). In Canada, refugees receive income and essential supports for up to 1 year through government support or private sponsorship (Government of Canada, 2017). Refugees in Australia receive intensive settlement assistance including case management for up to 18 months, followed by specialized services for up to 5 years (Australian Government, 2018).

Despite the wide array of social services for refugees, there is limited research evaluating service methods and program outcomes (Beirens & Fratzke, 2017; Asgary, Emery, & Wong, 2013). Much of the academic research published focuses on physical health services (Ehiri et al., 2014; Hadgkiss & Renzaho, 2014) including sanitation (Cronin et al., 2008), maternal health (Almeida, Caldas, Ayres-de-Campos, Salcedo-Barrientos, & Dias, 2013), tuberculosis (Arshad, Bavan, Gajari, Paget, & Baussano, 2009; Greenaway et al., 2011), oral health (Woodland, Burgner, Paxton, & Zwi, 2010), and nutrition (Wang, Min, Harris, Khuri, & Anderson, 2016). Research on mental health services is prolific, with a number of reviews summarizing findings on mental health-focused interventions among refugees (Anders & Christiansen, 2016; Lambert, 2015; Murray, Davidson, & Schweitzer, 2010; Nocon, Eberle-Sejari, Unterhitzenberger, Rosner, 2017; Nosè et al., 2017; Palic & Elklit, 2011; Turrini et al., 2017; van Wyk & Schweitzer, 2014; Williams & Thompson, 2011). Although attention to health and mental health is critical, there is less research examining social services generally, which may supplement or connect people to health and mental health services or may address other critical individual, family, and community needs.

Some large-scale data examine refugees' experiences over time, although research evaluating social service program outcomes is limited (Beirens & Fratzke, 2017). In Germany,

research conducted with 4,500 refugees by the Institute for Employment Research, the Research Center of the Federal Office for Migration and Refugees, and the Socio-Economic Panel at the DIW Berlin (German Institute for Economic Research) suggests integration-related supports are associated with improved outcomes (Brücker & Trübswetter, 2016; Konle-Seidl, 2018). The U.S. government Office of Refugee Resettlement annually samples refugees who arrived in the previous 5 years, collecting data regarding approximately 4,600 individuals in 2015 (U.S. Department of Health and Human Services, 2015). Their research suggests that a number of programs (Matching Grant, Microenterprise Development programs, and Individual Development Account programs) contribute to self-sufficiency as well as overall economic growth. Employment or economic self-sufficiency and language skills are considered key outcomes in Europe and the United States (Konle-Seidl, 2018; U.S. Department of Health and Human Services, 2015). Research conducted by UNHCR points to the effectiveness of cash transfer programs, emphasizing access to health services (UNHCR, 2015).

Another body of research critically examines refugees' social service provision. Service organizations may overemphasize trauma, to the detriment of newly resettling communities (Westoby & Ingamells, 2009). While seeking outcomes such as empowerment and biculturalism, service providers may reproduce gender and racial subordination through adherence to strict program mandates (Nawyn, 2010). Additionally, organizations may promote refugee narratives or identities that inadvertently isolate or limit opportunities (McKinnon, 2008; Tomlinson & Egan, 2002). Other research suggests resettlement agency's effectiveness may be limited by fluctuating funding (Darrow, 2015). While this research points to important concerns related to service provision, it does not measure program outcomes for service recipients.

The aim of this systematic review is to address the gap in the literature on refugees' social service programming. We analyzed available research that evaluates specific social service programs, describing study sample, location, methods, theory, intervention type, outcomes examined, and findings regarding program efficacy. Drawing from this analysis, we discuss relevant findings for social service practice with forced migrants.

Method

Preferred reporting items for systematic reviews and meta-analyses (2015) guidelines were used to conduct the review. The following academic databases were searched through February 2018, with no beginning date limit: Cochrane Reviews, Pubmed, Web of Science, and EBSCO (PsychInfo, MEDLINE, Academic Search Premier, and Social Work Abstracts). Search terms included "refugee" and "outcome" and a program-related term such as case management, casework, community based, intervention, program, evaluation, or clinical trial. A total of 1,305 sources were identified through academic search engines. To identify additional sources and evaluative reports not published in academic journals, we searched selected

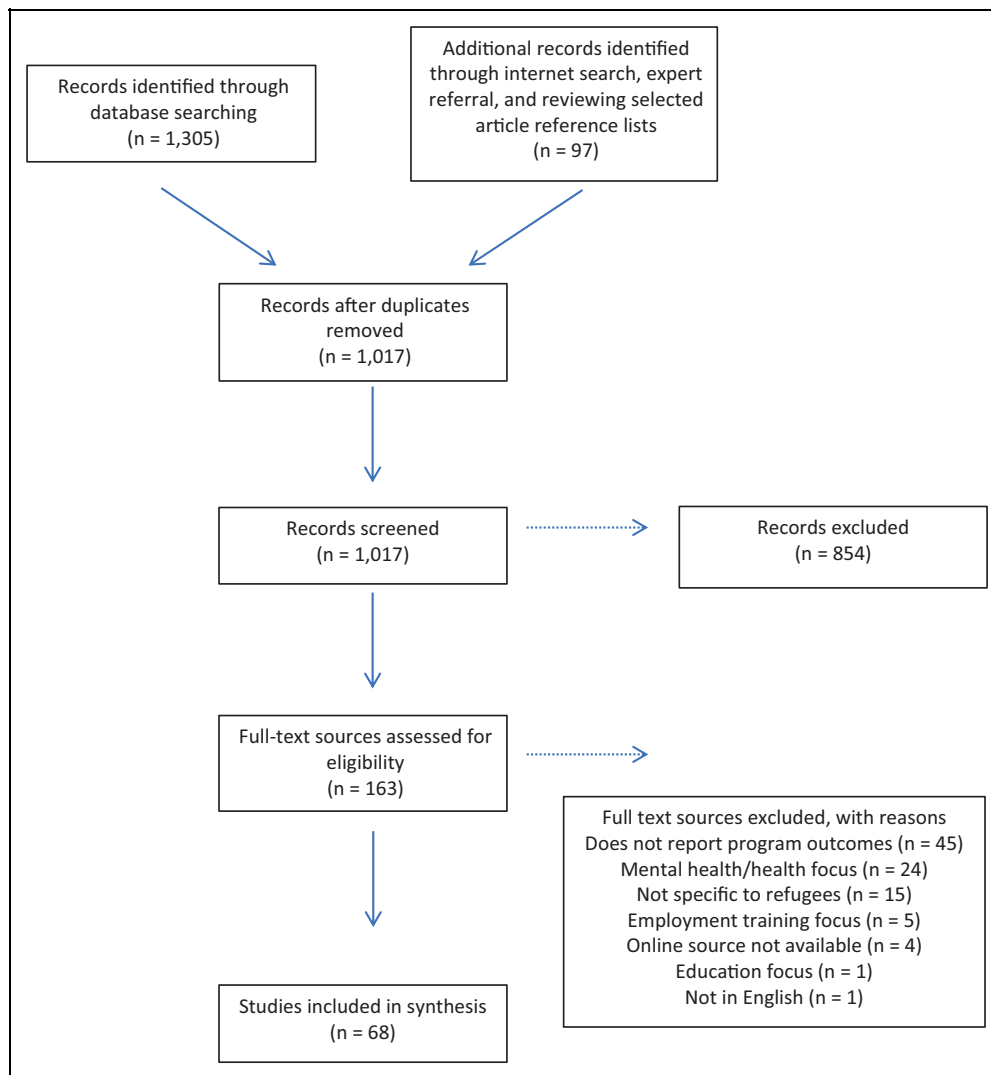


Figure 1. Preferred reporting items for systematic reviews and meta-analyses chart.

article reference lists and contacted experts in the field. These search strategies yielded another 97 sources which were included in full text review.

Of a total of 1,402 sources, 1,017 remained after excluding duplicates. Of these, 163 were identified as meeting inclusion criteria and selected for full text review. For inclusion, sources met the following criteria: (1) included refugee participants (or forced migrants, asylum seekers, or internally displaced persons), (2) reported participant data, and (3) examined client outcomes of a social service program. Qualitative or quantitative methods for evaluation were included. Studies were excluded if they examined only medical or mental health services, educational or parenting services, or employment training programs. Additionally, sources that examined the experiences of people affected by conflict but who had not been physically displaced, or people who were displaced due to natural disasters, were excluded.

Of the 163 sources selected for full text review, 95 additional sources were excluded for not meeting inclusion criteria.

Of these, most did not report program outcomes ($n = 45$), focused solely on health or mental health ($n = 24$), or were not specific to refugees or forced migrants ($n = 15$; see Figure 1). After this final review, 68 records were included in the study synthesis.

Findings

Of the 68 studies examined in the synthesis, 47 were peer-reviewed articles and 16 were available online in agency or government reports. Additionally, four were dissertations and one was published in an edited volume. Most studies were published recently, including 41 since 2010 and 19 from 2000 to 2009, following 5 in the 1990s and 3 in the 1980s.

The studies identified examined varying types of social services ranging from programs that focused on providing general financial or social assistance to programs that tailored support to a specific area of a participant's life such as housing, food, or music. A number of programs also emphasized relationships

between peers or between newcomers and members of the host community. Thirteen studies were categorized as examining interventions that promoted general adaptation, including four that examined case management or resettlement programs, three related to cultural orientation programs, two others that described capacity building or awareness-raising training programs, and four others that provided outreach and networking, a service center, asylum assistance, or discussion of needs (see Table 1). Twenty studies examined the effects of programs that included relationships between refugees and others including mentoring or friendship programs ($n = 9$), peer support ($n = 3$), and sponsorship ($n = 8$), which often involved financial support (see Table 2). Fifteen programs focused on refugees' financial situations through interventions such as employment and financial support ($n = 8$), resettlement programs that included cash assistance ($n = 3$), small business support ($n = 3$), and community economic development ($n = 1$). A number of these financially focused programs also included a socialization or English language component as well as an assigned case manager or employment counselor (see Table 3). The remaining 20 programs focused on another specific area such as housing ($n = 2$), legal support ($n = 1$), violence ($n = 1$), recreation ($n = 1$), art ($n = 1$), music and dance ($n = 4$), sharing stories ($n = 1$), gardening or farming ($n = 4$), and sports ($n = 5$; see Table 4). This list of services provides a sense of what programs are available to refugees, specifically those that have been evaluated and published, beyond the excluded categories of medical, mental health, educational, parenting, and employment training programs.

The majority of social service programs were conducted in countries of permanent resettlement or asylum. Thirty-six studies were conducted in North America including 26 in the United States and 10 in Canada. Eleven studies were conducted in Australia, as were eight in Western Europe, including four in the United Kingdom, two in Sweden, one in the Netherlands, and one in Italy and the Netherlands. The five studies conducted in the Middle East were implemented in Syria ($n = 2$), Lebanon, Jordan, or both Jordan and Lebanon. Of the four studies conducted in Africa, three were conducted in Kenya while one was in Uganda. Of the four other studies, one was located in Korea, one in New Zealand, one in multiple regions (Ethiopia, the Democratic Republic of Congo, and Pakistan), and in one study, the location was not specified.

Program participants originated predominantly from Asia, Africa, or the Middle East. Most studies ($n = 34$) included participants from multiple countries of origin. Ten studies implemented programs with participants from Asian countries, while six were implemented specifically with people from Africa and five with people from the Middle East. Four studies were conducted with people from Eastern Europe, and in nine studies, the national origin of participants was not specified. Most studies included adults, although seven included only women and one included only men. Additionally, seven studies included children, with three of these only sampling children. One program was conducted with lesbian, gay, bisexual, transgender, and intersex participants.

The number of participants included in the studies examined varied alongside the type of program examined and the evaluative methods used. Fifteen studies had relatively small samples, with less than 30 participants. The largest group of studies included 30–999 participants ($n = 24$), while 16 studies included more than 1,000 participants. In 13 of the studies, sample size was not described.

Qualitative or mixed methods were most commonly used to evaluate programs, although some studies used quantitative measures or experimental designs. Twenty-seven studies used qualitative methods only to evaluate the effects of the social service program, while 17 used both qualitative and quantitative assessment of program outcomes. Seven studies used quantitative measures such as surveys or questionnaires to assess program outcomes. Twelve studies used quantitative measures longitudinally including seven that utilized a pre-post assessment. Two of the studies using pre-post assessment also utilized a control group or a randomized design, and two also included qualitative assessment measures. In the case of five studies, the method of analysis was not specified. While most studies collected participant data directly, seven studies utilized secondary data to assess program outcomes.

We utilized Critical Appraisal Skills Programme (CASP) checklists (CASP, 2018) to examine the level of rigor across study methods. Of the 27 qualitative studies, 6 demonstrate high quality according to the CASP evaluative tool for qualitative research, meeting at least 9 of the CASP evaluative tool's 10 criteria. The remaining 21 partially met CASP criteria, primarily due to a lack of explanations for their use of qualitative methodology, a lack of ethical consideration, inadequate attention to the relationship between researcher and participants, and inadequate explanation of recruitment strategies. Of studies that included quantitative methods, the one randomized controlled trial (Stark et al., 2018) and one case control study (Månsson & Delander, 2017) were of high quality in accordance with their respective CASP checklists. Other quantitative studies lacked a control condition.

Most social service program assessments were not described as being guided by theory. Of the 68 studies examined, 41 did not describe a theoretical foundation. Of the remaining studies, the theory most commonly utilized related to integration or acculturation ($n = 8$). Six studies utilized theories related to social support or social capital. Also, two studies each drew from theories related to empowerment, systems, or research approaches. The other seven theories cited included dialogical relationship building, coherence, economic adaptation, social construction and anti-racism, community coalition action theory, empathy, and a theory of change.

Most studies described programs as addressing multiple outcomes. The types of outcomes described centered around financial well-being, social well-being, and integration, and many studies included outcomes in multiple categories. The most commonly measured outcomes related to financial well-being, described in 27 studies, with indicators related to employment status, income, and self-sufficiency. Eighteen studies examined social well-being resulting from programs

Table 1. Studies of General Adaptation Programs.

Study	Country	Sample	Theory	Intervention	Client-Level Outcomes	Methods	Results
Quosh (2016)	Syria	1,400 refugee clients per year, 96% Iraqi	Not specified	Case management outreach	Trust, stigma, well-being, hospitalizations	Pre-post assessment with control group	Provided adequate pathways of care
Shaw and Poulin (2015)	United States	1,111 people from Bhutan, Iraq, Burma, Eritrea, Somalia, Iran, Cuba, and other	Not specified	Extended case management	Employment, well-being, access to services, self-sufficiency	Longitudinal assessment, interviews	Increased self-sufficiency
Le Roch, Pons, Squire, Anthoine-Milhomme, and Colliou (2010)	Jordan, Lebanon	Iraqi children and their families who displayed psychosocial vulnerabilities in Jordan (137)	Not specified	Two psychosocial interventions with center-based services and community outreach	Well-being, social skills	Pre-post assessment	Improved psychological well-being
Konac (2003)	Italy, the Netherlands	60 refugees from Yugoslavia	Integration	Two resettlement programs	Level of financial support, integration	Interviews	Improved financial support in the Netherlands, improved integration in Italy
Mirghani (2013)	Syria	1,900+ refugees in Damascus	Not specified	Discussions to examine needs	Trust, improved relationships with agencies	Not specified	Diminished gap between refugees and provider
Newman (2010)	UK	Refugee populations and 18 targeted voluntary organizations	Dialogical relationship building	Outreach with awareness raising, training, and networking	Awareness of capacity, reduction of fear, employment	Group and individual interviews, feedback	Built community and engagement, raised consciousness, sustainability challenges
Al-Qdah and Lacroix (2017)	Jordan	Syria	Empowerment, decentralization	Community development center	Ownership in solutions	Interviews, focus groups	Developed sense of ownership of solutions
Amico et al. (2011)	United States	Refugees from sub-Saharan Africa, Latin America, Southeast Asia	Community-based participatory research	Capacity building through community research training	Trust in partners, research capacity	Focus groups	Empowered as equal partners in targeting neighborhood needs
Kornfeld (2012)	United States	17 resettled refugees from Africa, Bhutan, and Burma	Not specified	Cultural orientation	Increased knowledge	Self-report	Learned about employment, daily life, culture, transportation
Nadeau (2008)	United States	15,737 Sudanese, Somali, and Liberian refugees	Acculturation	Predeparture cultural orientation	Employment	Secondary data analysis, longitudinal assessment	Increased employment
Catholic World Service (2012)	Kenya	91 Somali and Darfuri refugees	Not specified	Pre-resettlement orientation	Confidence, language, literacy	Interviews	Increased confidence and literacy
Hancock, Cooper, and Bahn (2009)	Australia	Newly arrived refugees from Africa	Related to evaluating and improving program	Integrated services center	Relief for other agencies, welcome environment	Interviews, focus groups	Utilized services, provided welcoming environment
Laban, Komproe, Germaat, and de Jong (2008)	The Netherlands	294 Iraqi asylum seekers	Not specified	Length of asylum procedure	Quality of life, functional disability	Questionnaires, interviews	Reduced quality of life with longer asylum stays

Note. *n* = 13.

Table 2. Studies of Relationship-Focused Programs.

Study	Country	Sample	Theory	Intervention	Client-Level Outcomes	Methods	Results
Gerber and Mullen (2017)	United States	Refugees resettled in the region	Not specified	Cultural ambassadors matching/mentoring	Economic activity	Census data, case study	Contributed to local economy
Goodkind (2005)	United States	28 Himong refugees	Empowerment, ecological	Learning circles—cultural exchange and one-on-one learning, advocacy	English, citizenship knowledge, satisfaction with resources, quality of life	Pre-post assessment	Improved English, citizenship knowledge, satisfaction with resources, quality of life, and distress but not happiness and difficulty of accessing resources
Månsson and Delander (2017)	Sweden	257 refugees	Not specified	Mentoring	Income, employment in open market	Pre-post assessment	No impact
Mccarty and Haith-Cooper (2013)	UK	Asylum-seeking and refugee mothers	Not specified	Befrienders matched	Cope with isolation, speak out, be more open	Questionnaires, focus groups	Helped social inclusion, health resource access, trust
Friedman (1995)	United States	326 Jewish immigrants from the former Union of Soviet Socialist Republics	Sociological theories about ethnicity, immigration, and acculturation	One-to-one matching	Learning about culture, gaining needed information	Questionnaire with some open-ended questions	Increased community identification and connection, adjustment
Rich, Misener, and Dubeau (2015)	Canada	One refugee	Social inclusion, acculturation	Connect newcomers with locals	Common interest, acculturation, learn social norms, met those with different backgrounds	Focus groups	Facilitated inclusion
Stark, Seff, Assezenew, Eomkham, Falb, and Ssewamala (2018)	Multiple	919 refugee adolescent girls	Not specified	Social empowerment	Staying in school, returning to school	Randomized clinical trial	No impact
Stewart et al. (2015)	Canada	48 Sudanese and 37 Zimbabwean refugee parents	Social support	Mentored support groups	Types of social support, isolation, stress, coping, support seeking	Pre-post assessment, group interviews	Diminished loneliness and parenting stress, enhanced support seeking
Shah (2002)	United States	78 refugee and other adolescents	Acculturation	Promoting youth friendships	Connection to mainstream culture	Questionnaire	Participation not associated with positive intergroup attitudes, participation in cultural classes but not homework sessions associated with cultural pride
Stewart et al. (2011)	Canada	58 Somali and Sudanese refugees	Not specified	Peer facilitators hold support groups and communicate by phone	Perceived support, loneliness, social integration	Pre-post assessment, interviews	Shared experiential knowledge
Abrahamson, Andersson, and Springett (2009)	Sweden	Eight forced migrants from the Baltic States, Arabic countries, and Northern Africa	Coherence	Bridge-builder training	Responsibility, insights	Interviews	Experienced lost identity, disappointment, inferiority, also a feeling of meaningfully contributing
Wollersheim, Koh, Walker, and Liamputtong (2013)	Australia	Nine Near refugee women	Social capital	Phone-based peer support	Confidence, positivity, isolation, social capital	Focus groups	Brought bridging social capital and helped face challenges
Beiser (2003)	Canada	608 Southeast Asian refugee cases	Not specified	Private and government sponsorship	Integration	Secondary data analysis, questionnaires, interviews	Private but not government sponsorship predicted successful integration

(continued)

Table 2. (continued)

Study	Country	Sample	Theory	Intervention	Client-Level Outcomes	Methods	Results
Tran (1991)	United States	1,960 refugees from three ethnic groups: Chinese Vietnamese, Lowland Laotian, and Vietnamese	Integration	Sponsorship	Employment	Secondary data analysis, questionnaires, interviews	Agency but not relative sponsorship associated with employment
Neuwirth and Clarke (1981)	Canada	16 refugee families from North and South Vietnam	Not specified	Sponsorship	Employment, satisfaction, connections in society	Questionnaires, interviews	Satisfied with amount of sponsorship contact and language progress (but not yet proficient), sponsors helped find jobs
Government of Canada (2007)	Canada	Over 195,000 refugees	Not specified	Private and government sponsorship	Employment, self-sufficiency	Questionnaires, interviews	Similar effects in meeting immediate needs and employment but those with private sponsorship were self-supporting earlier
Dhital (2015)	Canada	Refugees	Social capital	Private and government sponsorship	Income	Secondary data analysis, longitudinal assessment	Private sponsorship associated with higher income
Silvius (2016)	Canada	Two refugee families	Social capital	Government and nonprivate sponsorship	Autonomy, financial supports received	Interviews, focus groups	Government assistance led to increased financial and housing benefits
Bach and Carroll-Seguin (1986)	United States	7,000+ Southeast Asian refugees	Not specified	Multiple types of sponsorship	Labor force participation	Secondary data analysis, longitudinal assessment, interviews	Local family sponsorship associated with labor force participation
Woon (1987)	Canada	20 Vietnamese households	Not specified	Private and government sponsorship	Acculturation, financial assistance	Interviews	Preferred government sponsorship, increased acculturation among those with private sponsorship

Note. *n* = 20.

Table 3. Studies of Financial and Employment Support Programs.

Study	Country	Sample	Theory	Intervention	Client-Level Outcomes	Methods	Results
Farrrell, Barden, and Mueller (2008)	United States	955 resettled refugees	Not specified	Cash assistance and social support, outreach	Employment, family income, receipt of public benefits	Questionnaires	Experienced wage gains over time, most were employed, many with low income
Sargent, Hohm, and Moser (1999)	United States	17 refugees from Afghanistan, Ethiopia, Iran, Iraq, Rwanda, Somalia, Sudan, Vietnam	Not specified	Public and private resettlement	Employment, service access, integration	Interviews	Agency administration led to better employment, integration, education, and access outcomes than government administration
Hohm, Sargent, and Moser (1999)	United States	1,600 refugees from Vietnam, South Asia, Africa, and Europe	Not specified	Public and private resettlement	Employment, dependency, cash assistance	Secondary data analysis	Agency administration led to better employment and financial outcomes than government assistance
Brown (2011)	United States	Refugees	Not specified	Financial and employment support	Employment	Performance data, interviews	Helped obtain employment, percentage employed declined in recent years
Hein, Losby, and Shir (2006)	United States	4,953 refugees from Africa, Eastern Europe, Asia, Middle East, Latin America	Not specified	Individual development accounts	Meeting savings goal	Agency data	Most (81%) reached goal
Peterson (2015)	United States	19,777 refugees	Not specified	Specialized employment and English as a second language (ESL)	Language, employment	Longitudinal assessment	Helped with ESL gains, wage, retention, placements with health benefits
Chow, Bester, and Shinn (2001)	United States	400 Cambodian families	Not specified	Socialization and job training	Empowerment, transportation access, self-sufficiency, job readiness	Interviews, case review	Created access to transportation, childcare, or job skills training by removing language and cultural barriers
Haijpern (2008)	United States	Refugee families	Economic adaptation, Kuhlman's (1991) theoretical model	Financial and employment support	Employment	Secondary data analysis	Increased income, freedom from welfare, self-confidence, greater opportunities for children, satisfaction with program
U.S. Department of Health and Human Services (2015)	United States	24,868 refugees	Not specified	Financial and employment support	Employment, self-sufficiency	Employment data tracking	Enabled to avoid public cash assistance
U.S. Department of Health and Human Services (2013)	United States	4,600 refugees	Not specified	Financial and employment support	Self-sufficiency, economic growth	Employment data tracking	Achieved self-sufficiency
Lam, Jansen, and Anisef (2001)	Canada	706 Kosovar refugees	Not specified	Resettlement and sponsorship	Satisfaction, budgeting, desire to stay in country	Questionnaires with some open-ended questions	People want to stay in Canada
Papineau (1997)	Not specified	Refugees	Empowerment	Community economic development	Self-confidence, skills	Individual and group interviews	Empowered
Jones, Hiddleston, and McCormick (2014)	Kenya	Refugee foster parents and children	Not specified	Small business support	Improved capacity to care for children	Self-report	Foster parents motivated by child need, children benefited from being in a family setting. Casework monitoring important.
Ghattas et al. (2017)	Lebanon	32 women	Not specified	Food businesses	Food expenditure, food insecurity, social support, morale, coping stories	Questionnaire with some open-ended questions	Increased food expenditures, reduction in food insecurity and food-related coping strategies. Improved social support, morale, confidence, and mental health
Collins (2015)	Australia	Refugees	Not specified	Small business support	Business establishment stories	Client stories	Improved business establishment and entrepreneurship

Note. *n* = 15.

Table 4. Studies of Specific Support Programs.

Study	Country	Sample	Theory	Intervention	Client-Level Outcomes	Methods	Results
Allen and Goetz (2010)	United States	82 Hmong refugees	Social capital	Housing dispersal	Frequency of finding housing, satisfaction with housing	Questionnaire	Failed relocation to ethnically concentrated neighborhoods, lower neighbor socialization, and satisfaction with neighborhood
Robinson and Coleman (2000)	UK	1,500 Bosnian refugees	Not specified	Housing resettlement	Satisfaction with locality	Interviews	Recognized strengths of resettlement in dispersed clusters (instead of simple dispersal)
Organization for Refuge, Asylum & Migration (2013)	Uganda	Lesbian, gay, bisexual, transgender and intersex (LGBTI) refugees	Not specified	Legal support	Well-being, support	Not specified	Empowered, see themselves in a more positive light, new connections, friendships, professional opportunities, and horizons
Vu et al. (2017)	Kenya	8,396 female refugees (mostly Somali, some from Ethiopia, the Democratic Republic of Congo, South Sudan, and Burundi)	Not specified	Gender-based violence screening	Comfort, safety	Questionnaires, interviews	Received support, access to care, and comfort
Kensinger, Gearig, Boor, Olson, and Gras (2007)	United States	11 refugees from Vietnam and Cuba	Systems	Therapeutic recreation	Resettlement, participation	Quantitative measurements of progress, observation, community feedback	Program was helpful, needed revision to overcome barriers
Khakbaz and Faye (2011)	Australia	Women from Burundi, Rwanda, Congo, Liberia, and Afghanistan	Anti-racism, social construction	Life skill/craft group	Increased knowledge, skills, confidence, access to resources, self-reliance	Not specified	Engaged and supported in new environment
Na, Park, and Han (2016)	Korea	49 North Korean refugee women	Not specified	Dance sessions and discussion	Openness to outer world, assimilations, improved relationships with others	Questionnaire, interviews	Benefited mentally, emotionally, socially, and physically
Marsh (2012)	Australia	Refugee children ages 0–18, parents and caregivers, community leaders	Not specified	Intensive English school with music and dance	Connection with others, trust, empowerment	Interviews, observation	Overcame barriers and created feelings of belonging
Sunderland et al. (2015)	Australia	Refugees and asylum seekers	Ecological	Music program	Happiness, mental health, social integration, service connection	Narrative inquiry	Impacted mental health, provided happiness, encouraged social support, affected civic participation and resource access
Jones, Baker, and Day (2004)	Australia	Young Sudanese refugees	Techniques of empathy (Bruscia, 1987)	Music program	Socialization, healing, relationships	Case studies, observation	Shared freely in song, interacted, some difficulty aligning culturally
Gibson and Kindon (2013)	New Zealand	70 young, formerly refugee people	Not specified	Museum/story sharing	Appreciation for refugee experience	Observation	Provided space to learn, grow, and share
Eggert, Blood-Siegrfried, Champagne, Al-Jumaily, and Biederman (2015)	United States	Refugees	Community coalition action theory	Garden coalition	Satisfaction, hope, agency	Questionnaires, interviews	Increased sense of agency
Gerber et al. (2017)	United States	50 Nepali Bhutanese refugees	Not specified	Community gardens	Somatic complaints, social support	Questionnaires, interviews, focus groups	Provided social support and cultural connection
Andreatta (2006)	United States	Montagnard refugee families from Vietnam	Not specified	Community farming	Participation, food produced	Interviews, focus groups, observation	Retain culture, increased visibility, enhanced family solidarity, Challenges with sustainability, Project depended on transportation.
United Nations Career (2015)	United States	Refugees	Theory of change	Nutrition education and community gardening	Income, food, isolation, mental health	Not specified	Increased food security
Dukic, McDonald, and Spaaij (2017)	Australia	Asylum seekers	Integrative power/social inclusion	Football team	Resilience, social inclusion, attitude about asylum	Interviews, observation	Developed polycultural capital which helps integration and achievement, connected players to home country identity, most experienced social inclusion
Evers (2010)	Australia	Young refugee men from Sudan	Not specified	Football	Cultural intimacy/connections	Interviews, observation	Assisted in working through broad social issues and intimacy
Palmer (2009)	Australia	Young Muslim women, mainly Somali	Not specified	Soccer team	Cultural connection, social identity	Interviews, observation	Promoted adaptation to host culture
Spaaji (2012)	Australia	150 Somali people with refugee backgrounds	Social capital	Football club	Friendship, respect, professional achievement	Interviews, observation	Helped bridge social capital but may also reinforce boundaries
Amara et al. (2005)	UK	Asylum seekers and refugees	Not specified	Youth and community centers	Well-being, social interaction	Not specified	Brought together people of different backgrounds

Note. n = 20.

implemented, with specific outcomes relating to social support, isolation, social interaction, connections, and relationships. Seven studies described well-being as an outcome of interest, and 10 looked at integration or related concepts such as cultural connections and acculturation. Six studies examined participant satisfaction. Three studies examined access to services as an outcome. Other outcomes of interest related to education and language ($n = 3$), skills ($n = 2$), knowledge ($n = 5$), and health or mental health ($n = 4$).

The majority of studies ($n = 44$) reported generally positive results, while 19 reported mixed findings (some positive and some negative results, or some programs as more effective than others) and 4 reported negative results. In the case of one study, results were described as challenging to measure or unclear. Studies tended to highlight positive results regardless of the program category examined. This may be related to the positivity bias in research, where positive findings are more likely to be published (Callahan, Wears, Weber, Barton, & Young, 1998; Emerson et al., 2010). Of the 13 studies examining general adaptation programs, 11 identified primarily positive results, whereas 1 identified mixed and another identified negative results. Of the 20 studies examining relationship-focused programs, 9 were positive, 5 compared types of sponsorship and pointed to positive results of private sponsorship, 4 were mixed, and 2 were negative. Of the 15 financial and employment programs, 12 noted positive results, 2 described that results were difficult to measure but went on to mention some positive results such as improved access, and the third mentioned children benefited but did not give further description of client level outcomes. Of the 20 specific support programs, 14 described positive results, 1 had negative results, and 4 had mixed results. The last study described adaptation that occurred in relation to participation but did not emphasize whether this result was positive or negative. These results suggest that available research on each program category tends to be positive, with an insufficient number of studies to suggest one category may have better or worse results than another.

Examining results across study design also suggested that regardless of approach, reported results tend to be positive. Of the 27 studies that included only qualitative methods, 19 described positive results, 5 described mixed results, and 3 studies were less clear, emphasizing some adaptation or access. Of the 17 studies that included both qualitative and quantitative methods, 9 reported positive results, 3 described how outcomes varied by program, emphasizing some positive results, 3 reported mixed results, 1 had negative results, and 1 reported results were challenging to measure. All of the five studies where methods were not specified reported positive results. Of the remaining 19 programs, all which specified including only quantitative methods, 14 presented positive results, 1 compared programs emphasizing positive findings, 1 found mixed results, and 3 found negative results. While qualitative, quantitative, and mixed methods identified primarily positive but some mixed or negative results, the five studies that did not give a detailed methodological description reported positive

results, perhaps again pointing to the tendency to seek to share positive findings (Emerson et al., 2010).

Discussion and Applications to Practice

This review highlights strengths and weaknesses of research examining social service programs designed to serve refugees and asylum seekers. A wide variety of programs have been examined among diverse samples across the world, and a growing number of studies have been published in the past 8 years, when compared to preceding decades. Most programs demonstrate success, and programs tend to seek common outcomes including financial and social well-being as well as integration. The most pressing weakness regarding this body of research is the limited number of studies available. Also of concern is the low level of rigor in evaluative approaches utilized across studies.

While social service programming among refugee communities is ubiquitous, few published studies are available. Furthermore, most of the studies available describe programs implemented in Western regions, where a small minority of forced migrants reside. By far, the majority of refugees live in countries of first asylum, where social service programming may be limited. Programmatic focus in refugee camp and urban refugee settings is often on basic needs and legal rights. Forced migrants in these settings are often transient, potentially difficult to access, and may have diverse needs and circumstances. In sum, there are barriers to conducting research in these settings, which may also be less accessible to researchers. But tens of millions of people remain entrenched in refugee camp or urban settings. Most wait years while seeking opportunities for repatriation, permanent integration in host communities, asylum, or resettlement. While multilateral, governmental, nongovernmental, and religious organizations provide various social services, attention to evaluating such services is necessary.

Despite the difficulties in conducting research on social service programming among refugee populations, additional rigor is needed to better understand the program effectiveness. Qualitative assessment, utilized in the majority of studies examined, gives a useful sense of program strengths and weaknesses through observation and participant feedback. But with small samples and limited reporting on specific outcomes, our understanding of program effectiveness and broader applicability is limited. Additional development of standardized outcome measures and studies using experimental designs is needed. Interestingly, the one randomized controlled trial included in our synthesis, an assessment of an empowerment program for adolescent girls with a large sample in three countries, was one of the few studies that reported a negative outcome; the program did not demonstrate a significant effect on economic and educational outcomes of interest (Stark et al., 2018). Additional reporting of negative or null findings would be useful. Such research allows programs to adapt and shift to ensure effective use of participant and agency time and resources.

In addition, particular attention is needed toward understudied populations, at-risk groups, and cross-cultural application.

The majority of studies examined in the synthesis were conducted with people from multiple countries, and many described differences in program implementation or study findings by gender, national origin, age, or other key characteristics. Attention to the unique experiences of program recipients, such as duration of time since resettlement or displacement, and description of how programs are adapted across cultures should remain a central component of conducting and reporting service related research. Few studies were conducted with children or youth, and only one brief description of a project with lesbian, gay, bisexual, and transgender refugees was identified. Additional research is particularly needed regarding social service programming for vulnerable groups. Attention toward inclusion across gender, age, and diversity with attention to children and youth, older persons, people with disabilities, lesbian, gay, bisexual, transgender, and intersex persons, as well as minorities and indigenous people is increasing, with efforts to assess needs and construct inclusive services and policies (UNHCR, 2016, 2017). Additionally, few studies were conducted specifically with men. Although they may not be considered as vulnerable, men comprise a majority of refugees or asylum seekers in some locations (Eurostat, 2018b) and may benefit from tailored, research-supported programs.

Particular challenges in researching social service programs, related to scope and outcomes, are worth noting. Broad social, case management, and resettlement programs are difficult to research because of their wide reach, long or varying duration, individualized nature, and multitude of outcomes. Funding is often limited and may change based on arrival numbers (Darrow, 2015), with little or no funding for evaluation or research. These programs often occur alongside the general adjustment or adaptation period, where identifying intervention effects can be difficult and randomly assigning participants to delayed or no treatment may be unethical. In contrast, programs tailored to a specific aspect of need, such as mental health trauma, can be more easily standardized (e.g., into a treatment that involves a limited number of sessions addressing specific content) and implemented, whereupon changes in discrete standardized outcomes can be examined. A recent systematic review and meta-analysis identified 12 randomized controlled trials examining psychosocial interventions treating post-traumatic stress disorder among refugees and asylum seekers in high-income countries (Nosè et al., 2017). Despite challenges, researchers and practitioners can find ways to utilize quasi-experimental designs or statistical techniques to examine the effects of social service programming over time as well as collaborate to understand key outcomes that such programs are striving to reach. While employment status and self-sufficiency are relatively clear indicators, further examination of financial well-being as defined by program participants may be useful. Additionally, measures and definitions of concepts such as integration and acculturation are needed. For example, in the studies reviewed, integration was interpreted in a variety of ways, predominantly qualitatively, including cultural connections, openness to the outer world, or measures such as the Vancouver Index of Acculturation (Shah, 2002). Agreement

on the meaning of concepts such as integration and social support and further development and testing of standardized measures are needed, to aid practitioners both in understanding client experiences and comparing program outcomes.

When considering appropriate program outcomes to strive for and test, attention to theory is crucial. Many of the studies examined in this synthesis reported programmatic findings without citing or exploring theoretical underpinnings. Theories related to acculturation, empowerment, and social support will continue to be key building blocks. But additional theoretical work is needed that can help practitioners and researchers understand the current migration crisis and the ways in which social service programming can assist people responding to loss, vulnerability, and change.

Increasing evaluative research would benefit practitioners as well as guide policy (Beirens & Fratzke, 2017). The value of research as a guide to practice has become increasingly central to practitioners in fields such as social work (National Association of Social Workers, 2018). Many organizations that chiefly provide services are increasing their capacity to conduct research independently and collaboratively (e.g., see International Rescue Committee, 2018). In addition to growing practitioner interest in research-supported or evidence-based practice, demonstrating program outcomes is an increasingly important component of program funding. Social service programs for forced migrants in camps, cities, and countries of permanent asylum or resettlement vary widely, as do assessment methods utilized (Majka, 1991), and differences are based on interests and priorities. For example, as described above, resettlement assistance varies across European countries but tends to be more substantial and of longer duration than that provided in the United States (Konle-Seidl, 2018; U.S. Department of Health & Human Services, 2016). Although differences in context may limit comparability, additional research on the effects of resettlement programs would be highly useful to advocates and policy makers striving to fund and develop programs designed to achieve particular outcomes such as financial independence, social cohesion, integration, and well-being. Policy makers and service providers can seek to utilize available research and build in evaluation as a component of newly designed programs.

This systematic review was limited by our inability to include sources published in languages other than English. The search criteria and academic search engines used may have failed to include relevant publications. Additionally, the reference review and connection to experts produced a limited number of sources, and we likely failed to identify unpublished documents reporting program findings. Some of the programs identified in online documents and reports were brief, with limited information regarding program implementation and no discussion of ethics review. This points to another finding of the present review that brief descriptions of program findings need to be supplemented with sufficient detail such that programs could be replicated and further tested. Additional venues for concise but thorough reporting of program findings,

such as accessible practitioner journals or platforms for sharing resources online, are needed.

This review broadly highlights the state of research available on casework and community services for refugee communities worldwide. Scientific knowledge regarding the effectiveness of social service programming with refugees is limited. Social service interventions with refugees are varied, but few studies have been conducted with methodological rigor. Efforts to conduct and publish more evaluative research, particularly in settings where most refugees reside, such as countries of first asylum, are needed. Additionally, enhanced examination of difficult-to-study resettlement programs are needed, including attention to cultural differences and among diverse populations. Stronger networks for practitioners and researchers and examining service provision are needed. As the number of forcibly displaced persons continues to rise, supportive programming will inevitably and importantly follow. Research that examines these programs is essential to the effort to secure durable solutions for refugees worldwide.

The current forced migration crisis is unprecedented (UNHCR, 2018a). In response to this global challenge, many countries are restricting immigration, seeing refugees as a burden or a threat (Kerwin, 2018; Konle-Seidl, 2018). The current investment in social service provision to refugees, as well as evaluative research examining the effectiveness of such programs, is grossly insufficient. Additional attention is needed on the part of practitioners, researchers, policy makers, and community leaders to seek opportunities and support for expanding responsive programming. Social work and related professionals can utilize available research when building programs that address adaptation, relationships, economic self-sufficiency, and other specific types of programming among refugee communities. Service organizations and funders can promote the importance of evaluation alongside program implementation. Researchers can assist with the development of relevant outcome measures and incorporation of research methods that demonstrate causation or how particular outcomes are reached. Advocates across the social work profession are needed to seek to expand opportunities and resources for refugees both within countries of first migration and in countries of permanent resettlement.

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References

- Abrahamsson, A., Andersson, J., & Springett, J. (2009). Building bridges or negotiating tensions? Experiences from a project aimed at enabling migrant access to health and social care in Sweden. *Diversity in Health and Social Care, 6*, 85–95.
- Allen, R., & Goetz, E. G. (2010). Nativity, ethnicity, and residential relocation: The experience of Hmong refugees and African Americans displaced from public housing. *Journal of Urban Affairs, 32*, 321–344.
- Almeida, L. M., Caldas, J., Ayres-de-Campos, D., Salcedo-Barrientos, D., & Dias, S. (2013). Maternal healthcare in migrants: A systematic review. *Maternal and Child Health Journal, 17*, 1346–1354.
- Al-Qdah, T. K., & Lacroix, M. (2017). Syrian refugees in Jordan: Social workers use a Participatory Rapid Appraisal (PRA) methodology for needs assessment, human rights and community development. *International Social Work, 60*, 614–627.
- Amara, M., Aquilina, D., Argent, E., Betzer-Tayar, M., Coalter, F., Green, M., & Taylor, J. (2005). *The roles of sport and education in the social inclusion of asylum seekers and refugees: An evaluation of policy and practice in the UK*. Loughborough, England: Institute of Sport and Leisure Policy, Loughborough University and Stirling University.
- Amico, K., Wieland, M., Weis, J., Sullivan, S., Nigon, J., & Sia, I. (2011). Capacity building through focus group training in community-based participatory research. *Education for Health (Abingdon, England), 24*, 1–13.
- Amos, D. (2018, January 1). The year the U.S. refugee resettlement program unraveled. *National Public Radio*. Retrieved from <https://www.npr.org/sections/parallels/2018/01/01/574658008/the-year-the-u-s-refugee-resettlement-program-unraveled?%20t=1530622310071>
- Anders, M., & Christiansen, H. (2016). Unaccompanied refugee minors: A systematic review of psychological interventions. *Kindheit Und Entwicklung, 25*, 216–230.
- Andreatta, S. L. (2006). When a good project goes awry: Community re-connecting with an urban farm. *Urban Anthropology and Studies of Cultural Systems and World Economic Development, 35*, 75–103.
- Arshad, S., Bavan, L., Gajari, K., Paget, S. N., & Baussano, I. (2009). Active screening at entry for tuberculosis among new immigrants: A systematic review and meta-analysis. *European Respiratory Journal, 35*, 1336–1345.
- Asgary, R., Emery, E., & Wong, M. (2013). Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings. *International Health, 5*, 85–91.
- Australian Government, Department of Social Services (2018). *Settlement services: Government support*. Retrieved from <https://www.dss.gov.au/settlement-services/helping-refugees/get-involved/government-support>
- Bach, R. L., & Carroll-Seguín, R. (1986). Labor force participation, household composition and sponsorship among Southeast Asian refugees. *International Migration Review, 20*, 381–404.
- Beirens, H., & Fratzke, S. (2017). *Taking stock of refugee resettlement: Policy objectives, practical tradeoffs, and the evidence base*. Brussels, Belgium: Migration Policy Institute Europe. Retrieved from <https://www.migrationpolicy.org/sites/default/files/publications/EU-Frank-FINAL.pdf>
- Beiser, M. (2003). Sponsorship and resettlement success. *Journal of International Migration and Integration, 4*(2), 203–215.

- Brown, K. E. (2011). *Refugee assistance: Little is known about the effectiveness of different approaches for improving refugees' employment outcomes* (Report to congressional committees GAO-11-369). Washington, DC: U.S. Government Accountability Office. Retrieved from <https://www.gao.gov/products/GAO-11-369>
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: CC Thomas.
- Brücker, H., & Trübswetter, P. (2016). *IAB-BAMF-SOEP refugee survey: Flight, arrival in Germany and first steps to integration*. Nürnberg, Germany: Institut für Arbeitsmarkt und Berufsforschung. Retrieved from <http://www.iab.de/389/section.aspx/Publikation/k161111301>
- Callahan, M. L., Wears, R. L., Weber, E. J., Barton, C., & Young, G. (1998). Positive-outcome bias and other limitations in the outcome of research abstracts submitted to a scientific meeting. *The Journal of the American Medical Association*, *280*, 254–257.
- Catholic World Service. (2012, January 19). Pre-resettlement CWS ESL Pilot Project boosts U.S.-bound refugees' skills, confidence. *Catholic World Service*. Retrieved from <https://cwsglobal.org/pre-resettlement-cws-esl-pilot-project-boosts-u-s-bound-refugees-skills-confidence/>
- Chow, J., Bester, N., & Shinn, A. (2001). AsianWORKS: A TANF program for southeast Asian Americans in Oakland, California. *Journal of Community Practice*, *9*, 111–124.
- Collins, J. (2015). *Igniting the entrepreneurial passion of newly-arrived refugees in Sydney*. Sydney, Australia: UTS Business School. Retrieved from https://www.ssi.org.au/images/stories/documents/publications/Ignite_Report.pdf
- Connor, P., & Krogstad, J. M. (2018). *The number of refugees admitted to the U.S. has fallen, especially among Muslims*. Retrieved from Pew Research Center website: <http://www.pewresearch.org/fact-tank/2018/05/03/the-number-of-refugees-admitted-to-the-u-s-has-fallen-especially-among-muslims/>
- Critical Appraisal Skills Programme. (2018). *CASP checklists: Critical appraisal skills programme*, Oxford, UK. Retrieved from <https://casp-uk.net/casp-tools-checklists/>
- Cronin, A. A., Shrestha, D., Cornier, N., Abdalla, F., Ezard, N., & Aramburu, C. (2008). A review of water and sanitation provision in refugee camps in association with selected health and nutrition indicators—The need for integrated service provision. *Journal of Water and Health*, *6*, 1–13.
- Darrow, J. (2015). The (re) construction of the U.S. Department of State's reception and placement program by refugee resettlement agencies. *Journal of the Society for Social Work and Research*, *6*, 91–119.
- Dhital, D. (2015). *The economic outcomes of government assisted refugees, privately sponsored refugees and asylum seekers in Canada* (API6999). Retrieved from University of Ottawa, Graduate School of Public and International Affairs website: <https://ruor.uottawa.ca/bitstream/10393/32311/1/DIKSHYA,%20Dikshya%2020151.pdf>
- Dukic, D., McDonald, B., & Spaaij, R. (2017). Being able to play: Experiences of social inclusion and exclusion within a football team of people seeking asylum. *Social Inclusion*, *5*, 101–110.
- Eggert, L. K., Blood-Siegfried, J., Champagne, M., Al-Jumaily, M., & Biederman, D. J. (2015). Coalition building for health: A community garden pilot project with apartment dwelling refugees. *Journal of Community Health Nursing*, *32*, 141–150.
- Ehiri, J. E., Gunn, J. K., Center, K. E., Li, Y., Rouhani, M., & Ezeanolue, E. E. (2014). Training and deployment of lay refugee/internally displaced persons to provide basic health services in camps: A systematic review. *Global Health Action*, *7*, 23902.
- Emerson, G. B., Warne, W. J., Wolf, F. M., Heckman, J. D., Brand, R. A., & Leopold, S. S. (2010). Testing for the presence of positive-outcome bias in peer review: A randomized controlled trial. *Archives of Internal Medicine*, *170*, 1934–1939.
- Eurostat. (2018a). *Asylum quarterly report*. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_quarterly_report
- Eurostat. (2018b). *Asylum statistics*. Retrieved from http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistic#Age_and_gender_of_first-time_applicants
- Evers, C. (2010). Intimacy, sport and young refugee men. *Emotion, Space and Society*, *3*, 56–61.
- Farrell, M., Barden, B., & Mueller, M. (2008). The evaluation of the Refugee Social Service (RSS) and Targeted Assistance Formula Grant (TAG) programs: Synthesis of findings from three sites. Retrieved from The Lewin Group website: <https://www.acf.hhs.gov/sites/default/files/orr/synthesisoffindingsfromthreesites.pdf>
- Friedman, A. (1995). *The Soviet Jewish emigre/American one-to-one matching program: An assessment* (Doctoral dissertation, University of San Francisco, 1994, pp. 1–216). Ann Arbor, MI.
- Gerber, E., & Mullen, J. (2017, October). *Economic impact of refugees in Southeast Michigan*. Retrieved from Global Detroit website: http://www.globaldetroit.com/wp-content/uploads/2017/10/Final-ReportGLOBAL_DETROIT_FOR_PRINT_CMYK_10%20am.compressed.pdf
- Gerber, M. M., Callahan, J. L., Moyer, D. N., Connally, M. L., Holtz, P. M., & Janis, B. M. (2017). Nepali Bhutanese refugees reap support through community gardening. *International Perspectives in Psychology: Research, Practice, Consultation*, *6*, 17–31.
- Ghattas, H., Jamaluddine, Z., Choufani, J., Btaiche, R., Reese-Masterson, A., & Sahyoun, N. R. (2017). A community-based intervention improves economic, social and food security outcomes of refugee women: The healthy kitchens experience. *The FASEB Journal*, *31*, 313–316.
- Gibson, S., & Kindon, S. (2013). The mixing room project at Te Papa: Co-creating the museum with refugee background youth in Aotearoa/New Zealand. *Tuhinga*, *24*, 65–83.
- Goodkind, J. R. (2005). Effectiveness of a community-based advocacy and learning program for Hmong refugees. *American Journal of Community Psychology*, *36*, 387–408.
- Government of Canada. (2007). *Summative evaluation of the Canadian private sponsorship of refugees program*. Retrieved from <https://syrianrefugeesaberdeenshire.wordpress.com/summative-evaluation-of-the-canadian-private-sponsorship-of-refugees-program/>
- Government of Canada. (2017). *How Canada's refugee system works*. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-role.html>

- Greenaway, C., Sandoe, A., Vissandjee, B., Kitai, I., Gruner, D., Wobeser, W., . . . Schwartzman, K. (2011). Tuberculosis: Evidence review for newly arriving immigrants and refugees. *Canadian Medical Association Journal, 183*, E939–E951.
- Hadgkiss, E. J., & Renzaho, A. M. (2014). The physical health status, service utilisation and barriers to accessing care for asylum seekers residing in the community: A systematic review of the literature. *Australian Health Review, 38*, 142–159.
- Halpern, P. (2008). *Refugee economic self-sufficiency: An exploratory study of approaches used in office of refugee resettlement programs*. Retrieved from U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation website: <https://aspe.hhs.gov/pdf-report/refugee-economic-self-sufficiency-exploratory-study-approaches-used-office-refugee-resettlement-programs>
- Hancock, P., Cooper, T., & Bahn, S. (2009). Evaluation of the integrated services pilot program from Western Australia. *Evaluation and Program Planning, 32*, 238–246.
- Hein, M., Losby, J., & Shir, A. (2006). *The Office of Refugee Resettlement's individual development account (IDA) program: An evaluation report*. Retrieved from Institute for Social and Economic Development Solutions website: <https://www.opressrc.org/content/office-refugee-resettlement%E2%80%99s-individual-development-account-ida-program-evaluation-report>
- Hohm, C., Sargent, P., & Moser, R. (1999). A quantitative comparison of the effectiveness of public and private refugee resettlement programs: An evaluation of the San Diego Wilson Fish demonstration project. *Sociological Perspectives, 42*, 755–763.
- International Rescue Committee. (2018). *Research at the IRC*. Retrieved from <https://www.rescue.org/report/research-irc>
- Jones, C., Baker, F., & Day, T. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy, 31*, 89–100.
- Jones, C., Hiddleston, T., & McCormick, C. (2014). Lessons from introducing a livelihood project for unaccompanied children into an existing child protection programme in the Dadaab refugee camps in Kenya. *Children and Youth Services Review, 47*, 239–245.
- Kensinger, K., Gearig, J., Boor, J., Olson, N., & Gras, T. (2007). A therapeutic recreation program for international refugees in a Midwest community. *Therapeutic Recreation Journal, 41*, 148–157.
- Kerwin, D. (2018). The U.S. refugee resettlement program—A return to first principles: How refugees help to define, strengthen, and revitalize the United States. Retrieved from Center for Migration Studies website: <http://cmsny.org/publications/us-refugee-resettlement-program/>
- Khakbaz, M., & Faye, D. B. (2011). We are here, now what?: Practice reflection on working with refugee women and their settlement journey. *International Journal of Diversity in Organisations, Communities & Nations, 10*, 13–20.
- Konle-Seidl, R. (2018). *Integration of refugees in Austria, Germany and Sweden: Comparative analysis*. Retrieved from European Parliament, Policy Department A: Economic and Scientific Policy website: [http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614200/IPOL_STU\(2018\)614200_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2018/614200/IPOL_STU(2018)614200_EN.pdf)
- Korac, M. (2003). Integration and how we facilitate it: A comparative study of the settlement experiences of refugees in Italy and the Netherlands. *Sociology, 37*, 51–68.
- Kornfeld, J. M. (2012). Overseas cultural orientation programmes and resettled refugees' perceptions. *Forced Migration Review, 1*, 53–54.
- Kuhlman, D. (1991). The economic integration of refugees in developing countries: A research model." *Journal of Refugee Studies, 4*, 1–20.
- Laban, C. J., Komproe, I. H., Gernaat, H. B., & de Jong, J. T. (2008). The impact of a long asylum procedure on quality of life, disability and physical health in Iraqi asylum seekers in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology, 43*, 507–515.
- Lam, L., Jansen, C., & Anisef, P. (2001). *A report on the settlement experiences of Kosovar refugees in Ontario*. Retrieved from York University, Centre for Refugee Studies and Joint Centre of Excellence for Research on Immigration and Settlement website: <https://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/2673/Lawrence+Lam+-+A+Report+on+the+Settlement+Experiences+of+Kosovar+Refugees+in+Ontario.pdf?%20sequence=1>
- Lambert, A. O. M. (2015). Trauma-focused therapy for refugees: Meta-analytic findings. *Journal of Counseling Psychology, 62*, 28–37.
- Le Roch, K., Pons, E., Squire, J., Anthoine-Milhomme, J., & Colliou, Y. (2010). Two psychosocial assistance approaches for Iraqi urban refugees in Jordan and Lebanon: Center-based services compared to community outreach services. *Journal of Muslim Mental Health, 5*, 99–119.
- Majka, L. (1991). Assessing refugee assistance organizations in the United States and the United Kingdom. *Journal of Refugee Studies, 4*, 267–283.
- Månsson, J., & Delander, L. (2017). Mentoring as a way of integrating refugees into the labour market—Evidence from a Swedish pilot scheme. *Economic Analysis and Policy, 56*, 51–59.
- Marsh, K. (2012). "The beat will make you be courage": The role of a secondary school music program in supporting young refugees and newly arrived immigrants in Australia. *Research Studies in Music Education, 34*, 93–111.
- Mccarthy, R., & Haith-Cooper, M. (2013). Evaluating the impact of befriending for pregnant asylum-seeking and refugee women. *British Journal of Midwifery, 21*, 404–409.
- McKinnon, S. L. (2008). Unsettling resettlement: Problematizing "Lost Boys of Sudan" resettlement and identity. *Western Journal of Communication, 72*, 397–414.
- Mirghani, Z. (2013). Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria. *Intervention, 11*, 321–329.
- Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry, 80*, 576–585.
- Na, K. A., Park, H. J., & Han, S. J. (2016). Designing a community-based dance programme for North Korean female refugees in South Korea. *Research in Dance Education, 17*, 3–13.

- Nadeau, C. T. (2008). The efficacy of pre-departure cultural orientation as a social work intervention in acculturation (Doctoral dissertation). Washington, DC: Catholic University of America.
- National Association of Social Workers. (2018). *Evidence-based practice: NASW practice snapshot*. Retrieved from <https://www.socialworkers.org/News/Research-Data/Social-Work-Policy-Research/Evidence-Based-Practice>
- Nawyn, S. J. (2010). Institutional structures of opportunity in refugee resettlement: Gender, race/ethnicity, and refugee NGOs. *Journal of Sociology & Social Welfare, 37*, 149–167.
- Neuwirth, G., & Clarke, L. (1981). Indochinese refugees in Canada: Sponsorship and adjustments. *International Migration Review, 15*, 131–140.
- Newman, A. (2010). Improving reach: Promoting engagement by building bridges between refugee women and the voluntary sector. *Diversity & Equality in Health and Care, 7*, 139–147.
- Nocon, A., Eberle-Sejari, R., Unterhitzberger, J., & Rosner, R. (2017). The effectiveness of psychosocial interventions in war-traumatized refugee and internally displaced minors: Systematic review and meta-analysis. *European Journal of Psychotraumatology, 8*, 1–15.
- Nosè, M., Ballette, F., Bighelli, I., Turrini, G., Purgato, M., . . . Barbui, C. (2017). Psychosocial interventions for post-traumatic stress disorder in refugees and asylum seekers resettled in high-income countries: Systematic review and meta-analysis. *PLoS One, 12*, 1–16.
- Organization for Refuge, Asylum & Migration. (2013). Blind alleys: The unseen struggles of lesbian, gay, bisexual, transgender and intersex urban refugees in Mexico, Uganda and South Africa—Part I: Guidance for NGOs, governments, UNHCR & program funders. Retrieved from <http://www.refworld.org/docid/524d433b4.html>
- Palic, S., & Elklit, A. (2011). Psychosocial treatment of posttraumatic stress in adult refugees: A systematic review of prospective treatment outcome studies and a critique. *Journal of Affective Disorders, 131*, 8–23.
- Palmer, C. (2009). Soccer and the politics of identity for young Muslim refugee women in South Australia. *Soccer and Society, 10*, 27–38.
- Papineau, D. (1997). *Citizen empowerment through community economic development in a multiethnic neighbourhood*. (Doctoral dissertation, University of Montreal, Montreal, Canada). Retrieved from <http://socioeconomyhub.ca/content/citizen-empowerment-through-community-economic-development-multiethnic-neighbourhood-1>
- Peterson, S. (2015). *TANF and RCA: An integrated approach to serving refugees and immigrants in the State of Washington*. Retrieved from Washington State Department of Social and Health Services website: <http://nawrs.org/wp-content/uploads/2015/09/6B-Peterson-Refugees-WA.pdf>
- Preferred Reporting Items for Systematic Reviews and Meta-Analyses. (2015). *Transparent reporting of systematic reviews and meta-analyses*. Retrieved from <http://www.prisma-statement.org/>
- Quosh, C. (2016). Comprehensive mental health and psychosocial support case management and indicative care pathways within humanitarian settings. *Intervention, 14*, 281–292.
- Rich, K. A., Misener, L., & Dubeau, D. (2015). “Community cup, we are a big family”: Examining social inclusion and acculturation of newcomers to Canada through a participatory sport event. *Social Inclusion, 3*, 129–141.
- Robinson, V., & Coleman, C. (2000). Lessons learned? A critical review of the government program to resettle Bosnian quota refugees in the United Kingdom. *International Migration Review, 34*, 1217–1244.
- Sargent, P., Hohm, C., & Moser, R. (1999). A qualitative comparison of private and public refugee resettlement programs: The San Diego case. *Sociological Perspectives, 42*, 403–420.
- Shah, S. (2002). *Multicultural youth project: A needs assessment* (Doctoral dissertation). DePaul University, Chicago, Illinois.
- Shaw, S. A., & Poulin, P. (2015). Findings from an extended case management U.S. refugee resettlement program. *Journal of International Migration & Integration, 16*, 1099–1120.
- Silvius, R. (2016). Neo-liberalization, devolution, and refugee wellbeing: A case study in Winnipeg, Manitoba. *Canadian Ethnic Studies, 48*, 27–44.
- Spaaji, R. (2012). Beyond the playing field: Experiences of sport, social capital, and integration among Somalis in Australia. *Ethnic and Racial Studies, 35*, 1519–1538.
- Stark, L., Seff, I., Assezenew, A., Eoomkham, J., Falb, K., & Ssewamala, F. M. (2018). Effects of a social empowerment intervention on economic vulnerability for adolescent refugee girls in Ethiopia. *Journal of Adolescent Health, 62*, S15–S20.
- Stewart, M., Makwarimba, E., Letourneau, N. L., Kushner, K. E., Spitzer, D. L., Dennis, C. L., & Shizha, E. (2015). Impacts of a support intervention for Zimbabwean and Sudanese refugee parents: “I Am Not Alone”. *Canadian Journal of Nursing Research, 47*, 113–140.
- Stewart, M., Simich, L., Beiser, M., Makube, K., Makwarimba, E., & Shizha, E. (2011). Impacts of a social support program for Somali and Sudanese refugees in Canada. *Ethnicity and Inequalities in Health and Social Care, 4*, 186–199.
- Sunderland, N., Istvandy, L., Lakhani, A., Lenette, C., Procopis, B., & Caballero, P. (2015). They [do more than] interrupt us from sadness: Exploring the impact of participatory music making on social determinants of health and wellbeing for refugees in Australia. *Health, Culture and Society, 8*, 1–19.
- Tomlinson, F., & Egan, S. (2002). From marginalization to (dis)empowerment: Organizing training and employment services for refugees. *Human Relations, 55*, 1019–1043.
- Tran, T. (1991). Sponsorship and employment status among Indochinese refugees in the United States. *International Migration Review, 25*, 536–550.
- Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G., & Barbui, C. (2017). Common mental disorders in asylum seekers and refugees: Umbrella review of prevalence and intervention studies. *International Journal of Mental Health Systems, 11*, 1–14.
- United Nations Career. (2015). *New roots program evaluation consultant*. Retrieved from <https://uncareer.net/vacancy/new-roots-program-evaluation-consultant-global-7769>
- United Nations High Commissioner for Refugees. (2015). *Cash-based interventions for health programmes in refugee settings: A review*. Retrieved from <http://www.unhcr.org/en-us/research/evalreports/>

- 568bce619/cash-based-interventions-health-programmes-refugee-settings-review.html
- United Nations High Commissioner for Refugees. (2016). *UNHCR review of gender equality in operations*. Retrieved from <http://www.unhcr.org/en-my/protection/women/57f3b9a74/unhcr-review-gender-equality-operations-2016.html>
- United Nations High Commissioner for Refugees. (2017). *UNHCR age, gender, and diversity: Accountability report 2016*. Retrieved from <http://www.unhcr.org/en-my/protection/women/595cdf5c7/unhcr-age-gender-diversity-accountability-report-2016.html>
- United Nations High Commissioner for Refugees. (2018a). *Figures at a glance*. Retrieved from <http://www.unhcr.org/figures-at-a-glance.html>
- United Nations High Commissioner for Refugees. (2018b). *Resettlement at a glance: 2017 in review*. Retrieved from <http://www.unhcr.org/en-us/5a9d507f7>
- United Nations High Commissioner for Refugees. (2018c). *UNHCR global report 2017: Responding with lifesaving support* (pp. 182–206). Retrieved from <http://www.unhcr.org/en-us/publications/fundraising/5b30ba9a7/unhcr-global-report-2017-responding-lifesaving-support.html>
- United Nations High Commissioner for Refugees & Eurostat. (2018). *A welcoming Europe?* Retrieved from http://www.europarl.europa.eu/external/html/welcomingeurope/default_en.htm
- U.S. Department of Health & Human Services, Office of Refugee Resettlement. (2016). *Refugees*. Retrieved from <https://www.acf.hhs.gov/orr/refugees>
- U.S. Department of Health and Human Services, Office of Refugee Resettlement and Administration for Children & Families. (2013). *Key indicators for refugee placement FY 2014*. Retrieved from https://www.acf.hhs.gov/sites/default/files/orr/fy_2014_placement_briefing.pdf
- U.S. Department of Health and Human Services, Office of Refugee Resettlement and Administration for Children & Families. (2015). *Annual Report to Congress*. Retrieved from https://www.acf.hhs.gov/sites/default/files/orr/arc_15_final_508.pdf
- van Wyk, S., & Schweitzer, R. D. (2014). A systematic review of naturalistic interventions in refugee populations. *Journal of Immigrant and Minority Health, 16*, 968–977.
- Vu, A., Wirtz, A. L., Bundgaard, S., Nair, A., Luttah, G., Ngugi, S., & Glass, N. (2017). Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya. *Global Mental Health, 4*, e21, 1–11.
- Wang, Y., Min, J., Harris, K., Khuri, J., & Anderson, L. M. (2016). A systematic examination of food intake and adaptation to the food environment by refugees settled in the United States. *Advances in Nutrition, 7*, 1066–1079.
- Westoby, P., & Ingamells, A. (2009). A critically informed perspective of working with resettling refugee groups in Australia. *British Journal of Social Work, 40*, 1759–1776.
- Williams, M. E., & Thompson, S. C. (2011). The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among refugee populations: A systematic review of the literature. *Journal of Immigrant and Minority Health, 13*, 780–794.
- Wollersheim, D., Koh, L., Walker, R., & Liamputtong, P. (2013). Constant connections: Piloting a mobile phone-based peer support program for Nuer (southern Sudanese) women. *Australian Journal of Primary Health, 19*, 7–13.
- Woodland, L., Burgner, D., Paxton, G., & Zwi, K. (2010). Health service delivery for newly arrived refugee children: A framework for good practice. *Journal of Paediatrics and Child Health, 46*, 560–567.
- Woon, Y. F. (1987). The mode of refugee sponsorship and the socio-economic adaptation of Vietnamese in Victoria: A three-year perspective. In K. B. Chan & D. M. Indra (Eds.), *Uprooting, loss and adaptation: The resettlement of Indochinese in Canada* (pp. 132–146). Ottawa, Ontario: Canadian Public Health Association.
- Zong, J., & Batalova, J. (2017). *Refugees and asylees in the United States*. Retrieved from Migration Policy Institute website: <https://www.migrationpolicy.org/article/refugees-and-asylees-united-states>